

Psychology Training Program Brochure

(Revised August, 2009)

James J. Peters VA Medical Center



VA MEDICAL CENTER
BRONX, NEW YORK

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Dear Psychology Internship Applicant,

We are pleased that you are interested in applying to the Psychology Internship Training Program at the James J. Peters VA Medical Center in Bronx, NY. Our training program is accredited by the American Psychological Association (Contact information for the APA Commission on Accreditation: 750 1st Street NE, Washington, DC 20002. Telephone: 202-336-5979).

Psychology Training Program

VA Medical Center

Bronx, New York

The James J. Peters Veterans Affairs Medical Center (JJPVA) is a 311 bed General Medical and Surgical teaching hospital and 120 bed Nursing Home located in the University Heights section of the Bronx in New York City. The Medical Center, which is adjacent to the Major Deegan Expressway and just south of Riverdale, affords a view of the New Jersey shoreline across the nearby Hudson River. The Medical Center serves a multi-racial and multi-ethnic veteran population drawn mainly from middle and lower socioeconomic levels. The veteran population is largely male, however, a growing number of opportunities to work with females do exist, either through contact with female veterans, or in the context of couples treatment.

The VA is easily reached by car, three subway lines, or several bus lines, including an express bus. Free on-site parking is provided for interns who choose to drive. In addition, shuttle bus service is provided between the JJPVA Medical Center and our affiliated medical school, Mount Sinai School of Medicine in Manhattan, during morning and evening travel periods. This service is available to interns, and the shuttle schedule coincides with their workday schedule. The Medical Center is also within walking distance of several colleges, including Herbert Lehman College and Fordham University.

Psychologists serve as members of the treatment team in most of the medical center's Patient Care Centers (PCC's) and provide consultation services to the entire hospital. They participate in the training of professional and paraprofessional personnel and in the conduct of research.

The training program in Psychology is administered by the Chief/Director of Training, Psychology Program and in consultation with the Psychology Training Committee comprised of Psychology Program staff members. It is one of the many training programs in the medical, behavioral and rehabilitative services offered at the Medical Center.

The number of training positions available varies depending upon the training budget. Most recently, funding has provided for four training positions. Only interns who are citizens of the United States and who are enrolled in an APA approved doctoral program in Clinical or Counseling Psychology can be considered for an internship.

The Psychology Program

Psychologists at the JJPVA Medical Center provide psychological and rehabilitation services, including assessment and evaluation, individual and group psychotherapy, case management, follow-up, therapeutic programming, research and consultation, in the areas of psychology, rehabilitation and the social-ecology of the health care delivery system. Psychologists serve on a number of medical center committees concerned with managerial and professional issues, such as the Clinical Executive Board, Ethical-Clinical Issues Committee, Educational Committee, Disruptive Behavior Committee, and Safety Committee.

The staff of the Psychology Program consists of staff psychologists in the specialties of clinical, counseling and neuropsychology, all of whom must be licensed within two years of employment. A varying number of clinical and counseling psychology interns participate in providing psychological services under supervision. The training program is supplemented by in-house trainers, all of whom have varying experience in their areas of specialty. These include social workers, nurse practitioners, psychiatrists, and medical physicians. Additionally, it is supplemented by psychology consultants from the universities in the metropolitan New York area who conduct seminars, case conferences and lecture discussions. In addition, interns learn by functioning as part of the treatment team on many medical center services and by participating in seminars, films, lectures and case conferences offered by the Psychiatry Program and other programs in the Medical Center. The Psychology staff offers intensive individual and group supervision and also conducts its own extensive case conference and seminar series.

Chief of Psychology/Director of Training

Dr. Howard Hillel Becker acts as both Chief of Psychology and Director of Training.

As Chief, he provides administrative and professional supervision for all of the Psychology programs. He provides coordination with Patient Care Centers through the Chief of Staff, to whom he directly reports, and Medical Center Management. He maintains liaison with VA Central Office Psychology in regard to professional functioning. He engages in program development, program evaluation and the recruitment, interviewing and hiring of new staff.

As Director of Training, Dr. Becker supervises the VA-sponsored doctoral training program in both clinical and counseling psychology. The program is based on the practitioner-scholar model, emphasizing the practice of psychology informed by science. Additionally, the philosophy of the training program emphasizes learning through practical experience. The bulk of an intern's time is devoted to contact with patients, programs and supervision. The Director of Training provides orientation to newly assigned interns, assigns them to supervisors, and manages their rotation among supervisors in line with their training plan and work performance. He maintains liaison with universities, sharing information concerning trainee progress. He makes arrangements for university consultants and schedules their visits to the Medical Center. He facilitates meetings of the Psychology Training Committee. He supervises the caseload of interns to assure that they are meeting both service and training expectations. He provides counseling to interns with training and professional problems, and in general he is a resource for an intern with personal and/or professional concerns.

The Pre-Doctoral Psychology Internship Program

Overview and Philosophy

The Psychology Internship Training Program at the James J. Peters Veterans Affairs Medical Center- Bronx is fully accredited by the American Psychological Association (APA) and is a participating member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Our Philosophy of training is based on a practitioner-scholar model emphasizing the practice of psychology informed by science. We recognize the importance of empirically supported treatments, and the practitioner-scholar model reflects our training philosophy, rigorous approach to clinical practice, and the rich clinical research milieu of our training

program. While we do not train our students as researchers we do attempt to inculcate the importance of the integration between research and practice.

We believe that science influences and shapes the form of clinical practice while practice reciprocally influences and defines the substance of research. Our training model in this hospital-based system endorses a scientific attitude as psychologists act to observe, assess, and intervene in all professional capacities such as psychotherapy, psychodiagnostics, research, and consultation to and interdisciplinary functioning within treatment teams, wards, programs, etc. An essential part of our interns' training to "think like a psychologist" consistent with the practitioner–scholar model is to expand the level of observation, assessment, and intervention beyond the level of "identified patient" to all relevant systems impacting upon the individual that may range from diverse backgrounds to the dynamic within the hospital health care delivery system. Our practitioner–scholar model requires of our trainees the highest standards in psychology for clinical practice and ethical conduct.

It is our aim to develop competent clinical psychologists within a hospital setting. It is our desire to develop the clinical skills of a well-rounded clinical or counseling psychologist. However, we recognize that good technical skills alone are not sufficient in the development and practice of a psychologist. Professional conduct, high standards of ethics, and a maturing sense of professional identity are at the foundation of our beliefs. Additionally the ability to work with a variety of individuals and groups from varying backgrounds are important attributes of the well-rounded practitioner–scholar.

It is our belief that involvement with multidisciplinary teams as well as intense fostering of exposure to and training in working with people from diverse backgrounds builds the foundation of sound clinical practice. In order to practice competently, a psychologist must be able to think globally and expand their experiences, understanding, and perspectives beyond their own personal world view. Working in a multidisciplinary system not only benefits the patient but also prepares the provider for all future work they do in their clinical practices. A multidisciplinary approach expands the thinking and allows for different views, perspectives, and perceptions to be introduced. It is our view that such a perspective opens the mind and heart of the clinician. Similarly, it is our strong belief and conviction that gaining knowledge, understanding, and sensitivity to cultural and individual differences fosters competence and proficiency in all clinical practice. The more open, aware and sensitive one is, the higher the level of competence one can attain.

Our training program has identified five goals for our students to attain consistent with the practitioner–scholar model of training. Each goal includes measurements of proficiency and competency. The following are our goals: the development of clinical proficiencies and skills, competence in working with people from diverse backgrounds with cultural and individual differences, adherence to highest standards of professional functioning and ethical conduct, a professional identity, and competence in program/ward/team interdisciplinary functioning.

The training program provides its interns with a closely supervised, multi-faceted practicum field experience with the variety of clinical areas and populations that are typical of a general hospital setting, provides additional instruction in the form of case conferences and lectures utilizing the Psychology staff and extra-hospital experts, and encourages reflection on potential roles for a psychologist within a general hospital. The program is also designed to provide interns with the experience of functioning as a member of an interdisciplinary team which deals with diagnostic, treatment and ward and case management issues. In this

capacity, the intern is both supervised by the team and provides suggestions for other team members, all under the guidance of team leaders. In general, the training program attempts to immerse the intern in all aspects of a hospital Psychology Program, to provide supervised experience in the various diagnostic, treatment and administrative areas of psychology, and to encourage a close working relationship with the staff of related disciplines. In this way, we hope to present an experience of what it is like to be a psychologist in a hospital setting and to train our interns to fulfill this function competently.

To attain these goals, interns are rotated, generally on a twice yearly basis, through selected medical center programs in which Psychology is involved. Within each program rotation, the intern, under the supervision of staff psychologists, functions as a member of the team and provides the full range of psychological services commensurate with their background and experiences. In addition to these program-related training experiences, interns are also assigned patients from other programs and areas of the Medical Center to ensure a comprehensive education. Thus, an intern might be involved in individual, family and group psychotherapy on an in- and out-patient basis, and psycho-diagnostic evaluations, behavior modification procedures, personality screenings, therapeutic programming, intake interview evaluations, ward consultation, etc. Interns are also offered a unique opportunity to be trained in Dialectical Behavior Therapy (DBT) for borderline personality disorder patients and biofeedback for pain related issues. Interns meet regularly with supervisors to discuss their functioning in the above areas. Along with the intensive clinical supervision, staff also help interns integrate their varied experiences and to develop a clear conceptualization of how a psychologist functions.

The training program also provides for scheduled weekly consultations with recognized experts in the various areas of psychology. Regularly scheduled case conferences conducted by Psychology staff are also included in the training program. Interns are encouraged to attend conferences and lectures sponsored by the Psychiatry and other hospital programs.

In summary then, it is through the full and intense participation and involvement with the work, staff and experiences provided by the Psychology Program, via its program and non-program assignments, supervision, case conferences, staff-intern interactions and lectures, that the full benefits of such practicum training can be realized.

Application and Selection Procedures

NOTE: We now require applicants to have administered, scored and have written reports on a minimum of 4 Rorschach's and 4 WAIS III's.

Our interns are selected for full-time training solely from APA approved doctoral programs in Clinical or Counseling Psychology. Internships are only available to United States citizens. Appointments, requiring 1000 hours of prior applied clinical experience, provide 2080 hours of supervised training for one year. Stipends are currently \$25,024 per year. Prospective interns should submit a completed APPIC internship application form and a resume or vitae which supplies information regarding education and clinical experience. Each intern should also submit an updated graduate school transcript and two letters of reference. Prospective interns may then be interviewed by a psychology staff member. The purpose of the interview is to gather information regarding the candidates suitability for an internship at the Medical Center, and to form impressions as to the candidate's strengths and weaknesses. Thus, a candidate's maturity, motivation, background, and capacity for

learning will be noted. The selection committee then meets to discuss the relative merits of each candidate as they relate to the criteria for acceptance into the training program. Based upon an evaluation of all their application materials and, when appropriate, interview performance, interns are rated and selections are made. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking related information from any intern applicant. Application material should be submitted no later than November 15th. Information can be obtained by accessing our web site at http://www.bronx.va.gov/services/psychology_internship_program.asp or through APPIC.ORG. Further questions can be obtained by e-mailing Howard Hillel Becker, Psy.D at Howard.Becker@med.va.gov or by calling 718-584-9000, ext. 6952:

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Supervision

It is through supervision by a more experienced and objective observer that an intern is helped to understand, conceptualize and resolve the various difficulties he/she may meet in the clinical areas with which he/she is involved. The Psychology training program offers interns a variety of supervisory experiences.

a. Individual Therapy Supervisors

It is the responsibility of the individual therapy supervisors to provide supervision on all therapy cases. These cases can vary from short-term to long-term and inpatient to outpatient treatments. Each intern will be assigned therapy supervisors with whom they will meet regularly for scheduled appointments.

Interns also treat individuals from selected patient populations in order to increase the breadth of their training experience. It is the supervisor's responsibility to supervise those cases selected from specific patient populations. Who the supervisor will be is determined by the specific patient population from which the case is drawn. Although therapy issues may be universal across patient populations, it is felt that certain issues and specific techniques become more important and more clear within specific patient populations. By systematically exposing interns to such issues and techniques, we hope, thereby, to broaden the training experience.

b. Psycho-diagnostic Supervisors

It is the responsibility of the Psycho-diagnostic supervisors to provide supervision for all Psycho-diagnostic evaluations assigned to interns. Supervisors assist the intern in such areas as test selection, administration, scoring, interpretation and report writing. Although the amount of supervision time required may vary from intern to intern and case to case, supervision time is available, as needed. Supervision for psycho-diagnostics is provided by all Psycho-diagnostic supervisors in a Group Psycho-diagnostic Seminar for all interns, and, in addition, by the individual Psycho-diagnostic supervisor assigned to an individual intern. Both didactic and case presentations comprise the content of the Group Psycho-

diagnostic Seminar. Currently each intern is assigned a minimum of four full batteries and two full neuropsychological batteries over the training year.

c. Group Therapy Supervision

Interns functioning as group therapists are supervised in their work by a group therapy supervisor. Such supervision may be provided either by Staff Psychologists or by the staff of related disciplines (e.g., Psychiatry, Social Work Program) during regularly scheduled meetings or, if the supervisor is also the co-therapist, following the group session. Opportunities for both in-and outpatient groups exist. Interns will also attend a regularly scheduled Group Dynamics Seminar, in which theories of group functioning are presented and discussed. Clinical examples from the participants' group experiences will be discussed from the theoretical perspectives presented.

d. Team Meetings

Team meetings provide valuable supervisory experiences for interns. During such meetings, members of the interdisciplinary staff, including Psychology interns and staff, discuss the progress, treatment and disposition plans for their patients, in order to share their thinking and to get the suggestions of other team members and the team supervisor. They participate in reaching therapeutic programming decisions and gain the experience of being involved in the running of a hospital ward.

e. Case Conferences

During such conferences, cases are presented to staff and interns for group discussion. Individual or group therapy, as well as psycho-diagnostic cases, may be presented. These conferences may also employ the supervisory expertise of a Psychology Consultant. Generally, one or more such conferences are scheduled each week. Not only does the intern gain the experience of presenting material, but also profits from a discussion by people of relatively diverse backgrounds.

f. Intake Meetings

During intake meetings, new or prospective patients are interviewed and evaluated by the interdisciplinary staff. Diagnostic and dynamic issues are explored, and likely therapeutic problems and benefits are discussed. This not only allows the intern to learn from other more experienced staff (Psychologists, Psychiatrists, Social Workers, Nurses, etc.), but also allows them to verbalize and modify their own thinking about patients.

g. Lectures

Throughout the year, Psychology staff and/or extra-hospital experts are invited to present a series of lectures on topics of interest to Psychology.

Consultants and Case Conferences

Aside from the varied supervisory experiences already enumerated, it has also been found to be educationally useful to provide staff and interns a forum for a free and interactive expression of ideas as they relate to an individual or group therapy or psycho-diagnostic case presentation. Often the conceptualizations that emerge from such conferences add greatly to the understanding of the presented material, and they also add dimensions that cannot be duplicated in one-to-one supervisory sessions. These conferences may utilize the talents of extra-VA consultants and/or the Psychology staff in conjunction with intern participation. Additional conferences, sponsored by other hospital programs, such as Psychiatry, Pain Management Clinics, Palliative Care, Ethics Committee, Neurology and Social Work Services, may be available to interns as time and schedule permit.

Psycho-diagnostics

Psycho-diagnostic assessment provides one model for a psychological approach to data collection and interpretation that is relevant to all areas of psychological involvement. With this in mind, training in psycho-diagnostic assessment is an important component of the internship program. Interns will be trained to do psycho-diagnostic evaluations. The psycho-diagnostic tests applied will be determined by the nature of the presenting case between the supervisor and the intern. Psycho-diagnostic evaluations might include the Rorschach, TAT, WAIS-III, Bender-Gestalt, MMPI-II, PAI, etc. Each intern will be assigned a psycho-diagnostic supervisor and will attend a regularly scheduled psycho-diagnostic seminar.

In the past our training program included a six month Health Psychology rotation and a six month Mental Health psychology rotation. Our rotations have now changed order, intermixing health and mental health experiences. As a result, while all rotation sites remain the same, the order is now different. As seen below, we now place 2 interns on Rotation A and 2 interns on Rotation B. At the six month mark we switch rotations.

Clinical Programs and Rotations

Interns are generally assigned to supervisors and programs for six month periods. They are then rotated to a different program and new supervisors. This rotation system is used because we believe that the opportunity to function on several services and to work with a variety of supervisors is professionally desirable. We also believe, at the same time, that differing program assignments offer many parallel clinical experiences. Thus, what one may experience in the way of team functioning, interdisciplinary staff relations, treatment planning and implementation and ward-system consultation is similar whether one is assigned to Rotation A or Rotation B. Each program assignment provides appropriate and adequate professional training. Programs and supervisors are flexible and provide training to interns with varying levels of experience and backgrounds.

During the course of the first rotation and before assignments are made for the second rotation, the staff meets to discuss the various training needs, based upon supervisory evaluation, and training preferences of the interns, and how these can best be met. These form part of the data used in deciding upon the specifics of an intern's new rotation assignment. Practical considerations such as the time demands of specific programs and the number of available patients and staff are also taken into account.

Psychology staff are assigned to a variety of wards and programs throughout the Medical Center and provide a wide range of psychological services, including evaluation, consultation, treatment and rehabilitation. One component of the intern training experience is to work alongside a Staff Psychologist on such a ward or program and to provide the above services under supervision. A description of the clinical programs to which interns are currently assigned, follows.

Rotation Schedule (General Outline)

Rotation A – 6 months

Inpatient Psychiatry

- Group work (3 inpatient groups)
- Individual case load (1-2 patients)

Outpatient Substance Abuse

- Intake evaluation
- Individual case load (between 6 and 10 patients)
- Group therapy (1-2 groups)
- Team meetings and conferences

Spinal Cord Injury Patient Unit

- Individual Case (1-2 patients)
- Team meetings/rounds

Biofeedback

- Training in biofeedback
- assigned a pain management case

Rotation B – 6 months

Outpatient Psychiatry

- Individual case load 6-8 patients
- Outpatient groups
- DBT training, case assignment (1 patient) skills training group, group supervision
- Intake Evaluation (1-2/week)
- Team Meetings

Dialectical Behavioral Therapy

- DBT Training
- Case assignment (1 patient)
- Skills Training Group
- Group Supervision

Inpatient Nursing Home/Extended Care

- Individual case load (3-4 patients)
- Family work
- Team Meetings

Primary Care

- Stress Management or
- Cardiac Rehab

Rotation A - Description

Inpatient Psychiatry

The inpatient psychiatry program currently consists of an intensive, acute treatment unit to which patients representing a wide variety of diagnostic categories (schizophrenia, affective disorder, character disorder, etc.) are admitted. Once on the ward, a patient's entire treatment program and disposition becomes the responsibility of one of the two treatment teams. A psychology intern assigned to inpatient psychiatry will function as a full team member under supervision.

Psychology interns serve as individual and group therapists. Their group therapy experience will include working with a supportive-interactional model as well as a cognitive-behavioral group. If their busy schedule allows, interns are also encouraged to spend "unstructured or unscheduled" time on the ward in informal contacts with ward staff. Through participation in all of these facets of ward life, an intern develops the "feel" for what it can mean to be a psychologist on an inpatient psychiatric ward. The intern will also be helped to develop the skills required to function competently in such a setting.

Outpatient Substance Abuse Service: SAS

The Substance Abuse Services (SAS) mission is to provide individualized assessment and integrated care in an outpatient setting to patients with Substance Use Disorders. The SAS offers a range of outpatient care options, including intensive daily programming, ongoing rehabilitation, and aftercare. Care is provided within several related programs. An Opioid Treatment Program (OTP) provides opiate replacement (methadone/LAAM) therapy and psychosocial treatments to patients with Opioid Dependence. Patients with Alcohol or other Drug Dependence(s) are also treated in the SAS and group interventions involve a mix of patients that abuse various substances. All clinicians see a mix of patients with different substance abuse and psychiatric diagnoses and most patients participate in both group and individual therapy. The Dual Diagnoses Program (DDP) provides specialized treatment to patients who suffer both serious and persistent mental illness (SPMI) and substance dependence. Groups and caseloads in the DDP are smaller and treatment at each level of care tends to be more intensive than in the SAS. The DDP has a separate group therapy program and dedicated staff with specialized knowledge of integrated therapies.

Interns are trained to assess and care for patients with primary Addictive disorders with or without co-occurring disorders. One intern will be assigned to work in the SAS program, the other in the DDP specialty program.

Integration between outpatient substance abuse and inpatient psychiatry is an important component of this rotation.

Interns learn to conduct full psychosocial evaluations, including detailed substance use histories and ASAM patient placement criteria assessments. Interns learn and utilize VA Substance Use Disorder Treatment Guidelines and become familiar with JCAHO standards for patient assessment.

Interns learn to develop and implement care plans as members of multidisciplinary treatment teams. Interns provide primary clinical responsibility (individual therapy and case management) for individual patients and co-facilitate groups. Interns practice a range of

individual and group interventions that may include Motivational Interventions, Harm Reduction, 12-step support, and Cognitive Behavioral Treatment.

Spinal Cord Injury Program

Psychologists on Spinal Cord Injury provide psychological services to ward patients and participate as members of a multi-disciplinary team.

As a member of the team, the psychologist attends weekly ward and other staff meetings, where they provide psychological data about patients, discuss with other team members the psychological issues involved in adjustment to injury and illness, and recommend treatment strategies based on psychological principles, both for their own patients and others being discussed. At case conferences, the team meets to deal with the emotional and behavioral difficulties of a particular patient. The psychologist is instrumental in assisting the staff to devise a therapeutic treatment approach for the patient. In addition, there are frequent informal contacts between team members and the psychologist as particular ward or patient problems arise. Along with involvement in these activities, the psychology intern meets regularly with his/her SCI patients and provides for the full range of psychological services. They may provide counseling to newly injured patients to assist them in adjusting to the emotional and social impact of their loss of physical function, and to help them develop a new life style. Counseling with spouses and other family members is an integral part of the psychologist's responsibilities on the SCI, and these may be provided by psychology interns.

Individual psychotherapy is provided by psychologists to patients who request it and could benefit from this service. The psychologist has an opportunity to work with patients having a wide range of psychological difficulties. As spinal cord patients tend to remain in the hospital for long periods of time, the therapist is able to work with the patient for an extended period to help him resolve basic personality difficulties and to observe the effects of the therapeutic intervention. Patients may also be seen on an outpatient basis.

Biofeedback

The Biofeedback Seminar for Interns focuses on teaching the use of biofeedback, primarily for the treatment of pain and anxiety. The interns are instructed in treatment protocols for headache pain and anxiety. They have the opportunity to use state of the art biofeedback equipment in their training. Each intern has the opportunity to observe and to participate in biofeedback sessions for polytrauma patients. The goal is to have each intern assigned their own biofeedback case to receive hands on training in the provision of biofeedback.

Rotation B - Description

The General Psychiatric Outpatient Clinic

The General Psychiatric Outpatient Clinic treats the full range of psychiatric pathology in patients who have either recently stabilized and discharged from the acute psychiatric inpatient unit or who have been referred for treatment and have been evaluated by the intake team as stable enough to proceed in general outpatient treatment. Following the psychiatric intake interview, the patient is assigned to a case manager/psychotherapist who then meets with the patient and presents him/her to the next team meeting for assignment to a physician and for formulation of the appropriate treatment plan. The psychology intern

will be assigned to one of the two outpatient treatment teams which are comprised of permanent staff psychiatrist, psychiatric residents, clinical nurse specialists, social workers, and psychology interns under the supervision of the program supervisor who attends the meetings and provides a mentoring model. The psychology intern as case manager/psychotherapist will thus coordinate the initial meetings with the physician to determine appropriateness for medication management and will determine with his/her supervisor the appropriate length and model of psychotherapeutic intervention to be offered. The intern will function as a full team member bringing issues of the patient's progress or problems to the team for updating of the treatment plan.

In addition to the team functioning, the intern will function as part of the Intake Team in evaluating for appropriateness of treatment in either the general clinic or referring them to one of the other specialty outpatient clinics in the mental health patient care center (PTSD, SAS (Substance Abuse Services), STAR (Schizophrenia Treatment And Research), Geripsychiatry). The intern will be supervised in this diagnostic interview by the director of the outpatient clinic, a senior social worker, who was founding member of the Intake Team.

Additionally, the intern will be involved in co-leading a group psychotherapy in one of two possible models. A time-limited cognitive anger-management group is available as well as an open-ended, ongoing supportive-interactional group is also available.

To further round out the experience as a psychologist in an outpatient clinic, the intern will respond to requests for formal psychological testing of diagnostically complicated patients where the team needs help in clarification. As a full functioning member of the team, the intern will attend a weekly staff meeting where a variety of clinical, administrative, and systemic issues are discussed.

The range of treatment offered by the clinic has been enhanced by the DBT Dialectical Behavioral Treatment program, whose purpose is to stabilize some of the more impulsive and problematic patients in the clinic. The DBT treatment team is offering the empirically validated treatment protocol established by Dr. Marsha Linehan, but is extending the application of the treatment to more aggressive patients and is researching the efficacy of this application as a formal protocol. This further demonstrates our commitment to EST treatments as we attempt to inculcate this type of thinking in our interns.

Dialectical Behavior Therapy: (DBT)

Within the outpatient experience, Interns participate in the DBT (Dialectical Behavior Therapy) Training Program, which has been established in the General Mental Health Outpatient Clinic. This training experience includes participation in a weekly skills training group, individual psychotherapy, telephone consultation, and participation in the DBT team consultation meeting. Staff has been trained as part of the founding DBT Team at this facility, and offer this training experience as what we think is a very rich addition to our existing training rotations.

Dialectical Behavior Therapy has been demonstrated to be very effective in the treatment of impulsive and self-harming borderline personality disordered patients. It is a synthesis of behavior therapy, which promotes positive emotional regulation and behavior change, and the principles of Zen, which promote the acceptance of one's current distressing state, while change occurs. Validation of the patient's experience is balanced with the dialectic of coaching and positively reinforcing cognitive and behavior skills to manage and thus

change the patient's current experience. DBT emphasizes the patient's responsibility in being a co-equal partner with the individual therapist to work toward behavioral stabilization and the learning of skills to be able to have an enhanced quality of life. The DBT Program at this facility has expanded the treatment to both men and women, and targets not only self-harm, but also aggressive and harmful behavior toward others.

Nursing Home Care Unit-Extended Care

The Extended Care Unit adds another level of care within the Medical Center. It is an interdisciplinary, holistic continuation of rehabilitative services, dedicated to the unique needs of long term and geriatric patients. The Extended Care Unit provides rehabilitation, skilled nursing care, related medical services, supportive personal care and psychological, social, dental, recreational, nutritional and spiritual services. The care continues over extended periods of time and may serve as a follow-up to hospitalization. The Extended Care Unit is responsible for meeting the needs of and providing individual adjustment services for each patient. The unit is designed to foster an independent and homelike atmosphere. Environmental management adaptation and rehabilitation are important goals for patients, and they help focus the patient's return to family, community or to the least restrictive long-term care setting possible.

As the Extended Care Unit program evolves, the potential for elaboration and exploration of the roles that clinical and counseling psychologists might play is marked. The opportunities for psychologists and interns to contribute pertinent skills to the ever expanding field of geriatrics are many. Currently, such unique contributions involve assessment, diagnosis, treatment planning, consultation and training for staff, clinical intervention and case management. Interns also have the opportunity to provide individual and/or group psychotherapy to patients and/or their families with particular focus on adjustment issues while in the Nursing Home Care Unit or in preparation for discharge back home.

Primary Care Practice

The Primary Care Practice is an innovative program designed to provide veteran-patients with continuous, comprehensive and preventive health care that incorporates the best features of the private practice model. It provides for a broad range of multidisciplinary health care services while allowing the patient to be followed by the same Primary Care giver each time he/she is seen. The multidisciplinary team includes physicians, nurses, nurse clinical practitioners, nursing assistants, social workers, psychologists, dietitians, pharmacists and administrative staff.

Psychology staff are members of the interdisciplinary team and play an integral role in formulating and articulating a biopsychosocial model of health care delivery for this Primary Care program. Such a model posits that, in addition to biological variables, psychological and social variables must also be considered in evaluating and treating medical difficulties. Psychology staff and interns, sometimes in conjunction with the staff of other disciplines, conduct a number of ongoing treatment programs for Primary Care patients including a Smoking Cessation Program, a Behavioral and Dietary Weight Control Program, a Diabetes Support and Education Group, a Stress Management Program and a Presurgery Counseling Program. Psychology's role in Primary Care medicine is an evolving one, and interns are invited to help us delineate the path of this evolution.

Currently, one intern is involved in providing a stress management group, and another is involved in cardiac rehabilitation.

Research

While the major emphasis of the Psychological Training Program is on professional clinical training, time and assistance are available for research activities and projects. Staff psychologists, as well as staff of other disciplines, are readily available for consultation on research and theoretical issues. Interns are exposed to research issues and thinking through a variety of regularly scheduled meetings. A research seminar is conducted, where research ideas and projects are discussed and refined, on a regularly scheduled basis.

We also sponsor conferences in which lecturers are invited to present their particular projects and areas of expertise throughout the year. Additionally, other hospital programs maintain their own research presentation formats which are available to our interns. Thus, exposure to research is integrated into our training program.

Additional Information about our training program can be obtained through the Association of Psychology Postdoctoral and Internship Centers (APPIC) at www.APPIC.ORG and through the Office of Program Consultation and Accreditation of the American Psychological Association (APA)

At:
American Psychological Association
Office of Program Consultation and Accreditation
750 First Street, NE
Washington, DC 20002-4242
Telephone: 202-336-5979

PSYCHOLOGY PROGRAM

<u>NAME</u>	<u>ROOM</u>	<u>EXT</u>	<u>PAGER</u>	<u>ROLE IN PROGRAM</u>
Abbott, Kristen	3B-65		3415	Outpatient Mental Health
Altman, Melissa			6945	PTSD/Outpatient
Bacon, Steve	3C-26		5219 7-573	SCI Outpatient
Bang, Charlene	3C-26		5108	TBI/Polytrauma Neuropsychology
Becker, Hillel	3C-27		6952 7-226	Chief and Director of Training
Berger, Noelle	3B-68		5165	Biofeedback/Pain
Brustein, Michael	5B-20		5009	Substance Abuse/Inpatient Psych
DiAmbrosio, Phyllis	1D-59		5438	Inpatient Spinal Cord Injury Program
Donahue, Rebecca	TBA		3861 *-542	Primary Care-Mental Health
Fudge, Ronald	5B		5718	Outpatient Substance Abuse Services
Hanjorgiris, William	NH -2		5241	Home Based Primary Care
Heinze, Peter	3B38B		5427	Compensation and Pension Exams
Higgins, Brian	5B-09B		5331 *-224	Director Outpatient Substance Services
Huey, Solam	1C78-100		5943 *-105	Primary Care-Mental Health Integration
Kelty, Larry	1D-67		5411	Inpatient Spinal Cord Injury Program
Laboy, Felicity	5B-08		6683 *-212	Outpatient Dual Diagnosis Program
Maurer, Gail	3B-55		5238	Outpatient MH/Psychodiagnostic Coordinator
Mcnamara, Margaret	6C		3844	Testing Supervisor, MIRECC
margaret.mcnamara@mssm.edu				
Nathan, Amy	3B-59A		5220 7-623	Intake Program, Mental Health
Smith, Ann	5B			PTSD/SAS
Thysen, Julie	3C-28		5860	Neuropsychology
Tramontin, Mary			5143	PTSD/Outpatient
Wisniewski, Wendy	3C-38		3113	Extended Care, Primary Care

INTERN LISTING 2008-2009

<u>NAME</u>	<u>ROOM</u>	<u>EXT</u>	<u>PAGER</u>	<u>ROLE IN PROGRAM</u>
Borisoff, Melanie	3B-57		5197	Intern
Rom, Asaph	3C-20		5114	Intern
Rosenfeld, Nancy	3C-22		5111	Intern
Rubin, Rachel	3B-63		5110	Intern
Sinclair, Camille				Psychology Extern